

APPLICATION DATA SHEET

Application Information

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Title:: Method and Apparatus for Treating
Wrinkles in Skin Using Radiation
Attorney Docket Number:: CDL-026C3
Total Drawing Sheets:: 2
Small Entity?::
Licensed US Govt. Agency:: No
Contract or Grant Numbers:: N00014-94-1-0927
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: R.
Middle Name:: Rox
Family Name:: Anderson
Name Suffix::
City of Residence:: Lexington
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 399 Marrett Road
City of Mailing Address:: Lexington
State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 02421

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Edward
Middle Name:: Victor
Family Name:: Ross
Name Suffix:: Jr.
City of Residence:: San Diego
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2527 Bancroft Street
City of Mailing Address:: San Diego
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 92104

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: C.
Family Name:: Hsia
Name Suffix::
City of Residence:: Weston
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 41 Page Road
City of Mailing Address:: Weston
State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 02493

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kathleen
Family Name:: McMillan
Name Suffix::
City of Residence:: Concord
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 1958 Main Street
City of Mailing Address:: Concord
State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01742

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/587,156	06/05/00
09/587,156	Continuation of	09/153,052	09/15/98
09/153,052	Continuation of	08/794,876	02/05/97

Assignee Information

Assignee Name::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::